

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1659

CERTIFICATE OF DEATH

REGISTRAR'S NO. 57

BIRTH NO.

7 27
OF DEATH
IND 27
RESIDENCE
X

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 77 yr IN ARIZONA 77 yr		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Mesa		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Mesa <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 549 West Dana				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 549 West Dana	
3. NAME OF DECEASED (TYPE OR PRINT) George		A. (FIRST) Samuel		B. (MIDDLE) Rogers	
C. (LAST) Male		4. SEX White		5. COLOR OR RACE Married	
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		6B. NAME OF SPOUSE Avis Laverne Leavitt Rogers		7. DATE OF BIRTH MONTH 2 DAY 12 YEAR 69	
8. AGE (IN YEARS LAST BIRTHDAY) 85		9. UNDER 1 YEAR MONTHS - DAYS -		10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Farming	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		12. SOCIAL SECURITY NO. None		13. BIRTHPLACE (STATE OR COUNTRY) Missouri	
14A. FATHER'S NAME Henry C. Rogers		14B. BIRTHPLACE (STATE OR COUNTRY) New York		15A. MOTHER'S MAIDEN NAME Emma Higbee	
16. INFORMANT'S SIGNATURE S. Glen Rogers (Son)		ADDRESS Mesa, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 4, 1954	

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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Uremia</u> 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Interval between onset and death: <u>2 yrs.</u>		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 53</u> , 19 <u>53</u> , TO <u>March 4</u> , 19 <u>54</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>March 3</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>4:48</u> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) M.D.	
23B. ADDRESS Mesa, Arizona		23C. DATE SIGNED 3/5/54		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 3/6/54	
24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona		25A. DATE REC'D BY LOCAL REG. 3/5/54		25B. REGISTRAR'S SIGNATURE Donald J. Meldrum, Dep.	
25C. FUNERAL DIRECTOR'S SIGNATURE MELDRUM MORTUARY		25D. ADDRESS Mesa, Arizona		26. EMBALMER'S SIGNATURE R. N. Dayball		26B. CERT. NO. 228	